

# PURCHASE INVOICE

Invoice #: [00000]  
Date: [MM/DD/YYYY]  
PO Number: [00000]  
Due Date: [MM/DD/YYYY]

[Supplier Name]  
[Street Address]  
[City, State, Zip]  
[Phone Number]  
[Tax ID/VAT Number]

**Bill To:**  
[Client Company Name]  
[Client Address]  
[City, State, Zip]  
[Client Contact]

**Ship To:**  
[Shipping Warehouse Name]  
[Shipping Address]  
[City, State, Zip]  
[Shipping Method]

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: \$0.00  
Wholesale Discount: (\$0.00)  
Shipping/Handling: \$0.00  
Tax: \$0.00  
**Total Amount Due: \$0.00**

Payment Terms: [e.g., Net 30]  
Wiring Instructions: [Bank Name] | Swift: [Code] | Account: [Number]  
Notes: All claims for shortages or damaged goods must be made within 48 hours of receipt.